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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Christina First name Ann Marie Middle name Santiago Last name and Suffix (Sr., Jr., II, III)	Orlando First name J. Middle name Santiago Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9432	xxx-xx-1243

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Debtor 1 Christina Ann Marie Santiago
Debtor 2 Orlando J. Santiago

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	24863 Franklin Lane	If Debtor 2 lives at a different address:
		Plainfield, IL 60585 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Will	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Page 3 of 11 Document Christina Ann Marie Santiago Debtor 1 Debtor 2 Orlando J. Santiago Case number (if known) Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When District Case number When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known

11. Do you rent your residence?

No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

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Debtor 1 Christina Ann Marie Santiago

Deb	otor 2 Orlando J. Santiaç	go		Case number (if known)			
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Proprie	etor			
12.	Are you a sole proprietor						
	of any full- or part-time business?	■ No.	Go to Part 4.				
		☐ Yes.	Name and location of bu	siness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	tte & ZIP Code			
	it to this petition.		Check the appropriate be	ox to describe your business:			
			☐ Health Care Busi	ness (as defined in 11 U.S.C. § 101(27A))			
			☐ Single Asset Rea	I Estate (as defined in 11 U.S.C. § 101(51B))			
			☐ Stockbroker (as o	defined in 11 U.S.C. § 101(53A))			
			☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))			
			☐ None of the above	е			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you indicate that you are as, cash-flow statement, and s.C. 1116(1)(B).				
■ No. I am not filing under Chapter 11. For a definition of <i>small</i>							
husiness dehtor see 11				11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankrup							
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or Ar	ny Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.					
	property that poses or is alleged to pose a threat						
	of imminent and identifiable hazard to	☐ Yes.	What is the hazard?				
	public health or safety?						
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number, Street, City, State & Zip Code			
		Number, Street, City, State & Zip Code					

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Debtor 1 Christina Ann Marie Santiago
Debtor 2 Orlando J. Santiago

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-33071 Doc 1 Filed 10/17/16 Entered 10/17/16 15:57:15 Desc Main Document Page 6 of 11

Christina Ann Marie Santiago Debtor 1 Debtor 2 Orlando J. Santiago Case number (if known) **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts ☐ No. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for □ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you □ 5001-10.000 **50.001-100.000 50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities **□** \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100.000.001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Christina Ann Marie Santiago /s/ Orlando J. Santiago Christina Ann Marie Santiago Orlando J. Santiago Signature of Debtor 1 Signature of Debtor 2 Executed on October 17, 2016 Executed on October 17, 2016 MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Christina Ann Marie Santiago
Debtor 2 Orlando J. Santiago

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ James	J. Burns Jr. #	Date	October 17, 2016
Signature of	Attorney for Debtor		MM / DD / YYYY
James J. E	Burns Jr. #		
	Law Firm P.C.		
53 West Ja Suite 724	ackson Boulevard		
Chicago, II	L 60604		
	City, State & ZIP Code		
Contact phone	312-880-0195	Email address	info@burnsbankruptcy.com
6200956			
Bar number & St	ate		

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	otor 1 Christina Ann Ma otor 2 Orlando J. Santia		jo	Case nu	umber (if knowi	7)
Par	t 6: Answer These Quest	ions for Re	porting Purposes			
16.	What kind of debts do you have?	į	Are your debts primarily consulndividual primarily for a personal, No. Go to line 16b.		e defined in 1	1 U.S.C. § 101(8) as "incurred by an
		ł	Yes. Go to line 17.			
		r	Are your debts primarily busine noney for a business or investme —			
			No. Go to line 16c.			
			Yes. Go to line 17.	at are not consumer debte or hu	ainaaa dabta	
		100.	State the type of debts you owe th	at are not consumer depts of bus	alliess debis	
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapter 7. Go	to line 18.		
	Do you estimate that after any exempt property is excluded and	— 165.	are paid that funds will be availabl			xcluded and administrative expenses
	administrative expenses are paid that funds will	_	No			bts that you incurred to obtain business or investment. ness debts roperty is excluded and administrative expenses
	be available for distribution to unsecured creditors?	[☑ Yes			
18.	How many Creditors do	1 -49		1 ,000-5,000		· · ·
	you estimate that you owe?	☐ 50-99 ☐ 100-199 ☐ 200-999		□ 5001-10,000 □ 10,001-25,000		
19.	How much do you estimate your assets to be worth?	\$100,00	,000 - \$100,000 1 - \$500,000 1 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million		\$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion
20.	How much do you estimate your liabilities to be?	\$100,00	,000 - \$100,000 1 - \$500,000 1 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million		\$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion
Part	7: Sign Below					
For	you	I have exam	nined this petition, and I declare u	nder penalty of perjury that the ir	nformation pro	ovided is true and correct.
			ey represents me and I did not pay have obtained and read the notic			ney to help me fill out this
		I request re	lief in accordance with the chapte	r of title 11, United States Code,	specified in the	his petition.
			d making a false statement, conce case can result in fines up to \$25			y by fraud in connection with a both. 18 U.S.C. §§ 152, 1341, 1519,
	- /	Christina Signature o	Ann Marie Santiago f Debtor 1	Orlando J. S Signature of D		\
		Executed or	October 14, 2016 MM / DD / YYYY		October 14 MM / DD / Y	

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Debtor 1 Christina Ann Marie Santiago

6200956Bar number & State

Debtor 2 Orlando J. Santiago

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Attorney for Debtor	Date	October 14, 2016 MM / DD / YYYY	
James J. Burns Jr. #			_
The Burns Law Firm P.C.			
Firm name			
53 West Jackson Boulevard Suite 724 Chicago, IL 60604			
Number, Street, City, State & ZIP Code			
Contact phone 312-880-0195	Email address	info@burnsbankruptcy.com	

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Debtor 1 Debtor 2 Christina Ann Marie Santiago Orlando J. Santiago

Case number (if known)

Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. IL Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in the statements is true and correct.			<u> </u>			_			
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 9. Pension or retirement Income. Do not include any amount received that was a benefit under the Social Security Act. Do not include any benefits received under the Social Security Act or payments received as a victim of a war or drine, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Unemployment benefits \$ 0.00 \$ 810.00 Total amounts from separate pages, if any. Unemployment benefits \$ 0.00 \$ 810.00 Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12b. Calculate your current monthly income for the year. Follow these steps: 12c. The result is your annual income for this part of the form 13. Calculate the median family income for by page 1, check box 1, There is no presumption of abuse. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Fill in the median family income for your state and size of household. Go to Part 3. Line 12b is sess than or equal to line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and how all acknements is true and correct.							Debtor 2	or	
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you spouse \$ 0.00 Person or retirement Income. Do not include any amount received that was a benefit under the Social Security Act. In Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received dust fer the Social Security Act or payments received as a victim of a war ordine, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Unemployment benefits \$ 0.00 \$ 810.00 Total amounts from separate pages, if any. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. \$ 0.00 \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Solution	8.	Unemployment compensation			\$	0.00			
For your spouse \$ 0.00 9. Pension or retirement Income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If recessary, list other sources on a separate page and put the total below. Unemployment benefits \$ 0.00 \$ 810.00 Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12b. The result is your annual income for this part of the form 12c. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the etate in which you live. It. Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3. 14b. Line 12b is less than or equal to line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Sign Below By signing here, I cleare under penalty of perjury that the information on this statement and in sety attackments is true and correct.		Do not enter the amount if you contend that the am the Social Security Act. Instead, list it here:	ount received was a bene	fit under	•				
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanly, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 10. Unemployment benefits 10.00 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Calculate your current monthly income Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 12b. The result is your annual income for this part of the form 12c. The result is your annual income that applies to you, Follow these steps: Fill in the state in which you live. 12d. Fill in the median family income that applies to you, Follow these steps: Fill in the state in which you live. 12c. Fill in the median family income for your state and size of household. 13. Calculate the median family income for your state and size of household. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 15a Go to Part 3. 16b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 17a Go to Part 3 and fill out Form 122A-2. 18 Sign Below 19 Signing here, I declare under penalty of perjury that the information on this statement and his provided to the line source.		For you	\$0	.00					
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Wells Fargo